

**REPORT OF LOBBYING FIRM**  
**(Government Code Section 86114)**

**FORM 625**  
**1990**

REPORT COVERS PERIOD FROM 01/01/2009 THROUGH 03/31/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

**FOR OFFICIAL USE ONLY**

**A**

**B**

NAME OF LOBBYING FIRM:

CAPITOL CONNECTION

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMEN -  
TO

CA

95814

MAILING ADDRESS: (If different than above)

**PART I -** (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR
- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Owner

Christy Bouma

Employee

Brian Hatch

☐ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 135239.00  
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00  
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 0.00  
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 0.00  
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

**VERIFICATION**

**I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Executed on (Date)

04/29/2009

At (City and State)

Sacramento, California

By (Signature of Responsible Officer)

Christy Bouma

Name of Responsible Officer (Type or Print)

Christy Bouma

Title

President

PERIOD COVERED: 01/01/2009 03/31/2009

NAME OF LOBBYING FIRM: CAPITOL CONNECTION

| <b>PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY</b> (Amounts may be rounded off to whole dollars.<br>See Instructions on reverse.)   |                            |   |                     |                          |
|--|----------------------------|---|---------------------|--------------------------|
| Employer's Name, Address and Telephone Number<br>California Professional Firefighters<br><br>Sacramento CA 95833   |                            |   |                     |                          |
| Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)<br>AB 71, AB 279, AB 326, AB 327, AB 340, AB 405, AB 493, AB 516, AB 757, AB 765, AB 7 - 83, AB 803, AB 829, AB 1004, AB 1029, AB 1159, ABX2 4, SB 13, SB 57, SB 92, SB 187, - SB 347, SB 373, SB 405, SB 444, S |                            |   |                     |                          |
| Fees and Retainers   | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period   | Cumulative Total to Date |
| \$ 79239.00  | \$ 0.00                    | \$ 0.00   | \$ 79239.00         | \$ 79239.00              |
| Employer's Name, Address and Telephone Number<br>Altria Client Services Inc. and its Affiliates<br><br>Sacramento CA 95814   |                            |   |                     |                          |
| Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)<br>SB 600  |                            |   |                     |                          |
| Fees and Retainers   | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period   | Cumulative Total to Date |
| \$ 30000.00  | \$ 0.00                    | \$ 0.00   | \$ 30000.00         | \$ 30000.00              |
| Employer's Name, Address and Telephone Number<br>Muniservices, LLC<br><br>Sacramento CA 95814  |                            |   |                     |                          |
| Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)<br>SB 27   |                            |   |                     |                          |
| Fees and Retainers   | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period   | Cumulative Total to Date |
| \$ 15000.00  | \$ 0.00                    | \$ 0.00   | \$ 15000.00         | \$ 15000.00              |
| <b>SUBTOTAL</b>  |                            |   | <b>\$ 135239.00</b> |                          |

☒ If more space is needed, check box and attach continuation sheets

| PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES  |                           |   |  |                              |                          |
|--|---------------------------|---|--|------------------------------|--------------------------|
| SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)  |                           |   |  |                              |                          |
| 1. ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)  |                           |   |  |                              |                          |
| Date   | Name and Address of Payee | Name and Official Position of Reportable Persons and Amount Benefiting Each |  | Description of Consideration | Total Amount of Activity |
|  |                           |   | \$   |                              | \$                       |
|  |                           |   |  |                              |                          |
|  |                           |   |  |                              |                          |
|  |                           |   |  |                              |                          |
|  |                           |   |  |                              |                          |
|  |                           |   |  |                              |                          |
|  |                           |   |  |                              |                          |
|  | Reference No:             |   |  |                              |                          |
| <input type="checkbox"/> If more space is needed, check box and attach continuation sheets   |                           |   | TOTAL SECTION A.1.<br>(Include all subtotals from Continuation Sheets) |                              |                          |
|  |                           |   | \$   | 0.00                         |                          |
| 2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM. |                           |   |  | \$                           | 0.00                     |
| 3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)  |                           |   |  | \$                           | 0.00                     |

PERIOD COVERED: 01/01/2009 03/31/2009NAME OF LOBBYING FIRM: CAPITOL CONNECTION**PART III - PAYMENTS MADE** (Continued)

## SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

| Name, Address and Telephone<br>Number of Firm Contracted With                               | Name of Employer or Client for<br>Whom Subcontractor was<br>Retained to Lobby | Amount<br>This Period  | Cumulative<br>Total to Date |
|---|---|--|-----------------------------|
|   |   | \$   | \$                          |
|   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
| <input type="checkbox"/> If more space is needed, check box and attach continuation sheets. |   | <b>TOTAL PAYMENTS</b><br>(Include all subtotals<br>from continuation sheets) | \$ 0.00                     |

**PART IV - CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A  
Campaign Disclosure Statement: \_\_\_\_\_

Identification Number if  
Recipient Committee: \_\_\_\_\_

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

| Date | Name of Recipient | I.D. Number if<br>Committee | Amount |
|------|-------------------|-----------------------------|--------|
|      |                   |                             | \$     |
|      |                   |                             |        |
|      |                   |                             |        |

☐ If more space is needed, check box and attach continuation sheets.

**NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.**

PERIOD COVERED: 01/01/2009 03/31/2009

NAME OF LOBBYING FIRM: CAPITOL CONNECTION

**PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY** (Amounts may be rounded off to whole dollars.)

See Instructions on reverse.)

Employer's Name, Address and Telephone Number  
California School Employees Association

San Jose CA 95131

Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)  
 AB 178, AB 220, AB 233, AB 279, AB 325, AB 326, AB 327, AB 363, AB 406, AB 469, AB - 476, AB 629, AB 675, AB 692, AB 757, AB 1139, ACA 10, SB 96, SB 274, SB 347, SB 353

| Fees and Retainers | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period | Cumulative Total to Date |
|--------------------|----------------------------|---|-------------------|--------------------------|
| \$ 11000.00        | \$ 0.00                    | \$ 0.00   | \$ 11000.00       | \$ 11000.00              |

PAGE SUBTOTAL \$ 11000.00

# TEXT ANNOTATION

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**Schedule** F625P2

**Reference No:** 3

SB 445,SB 472,SB 508,SB 568,SB 594,SB 612,SB 628,SB 658,SB 711,SB 714,SBX1 14,SBX3 15,SBX3 22,AB 15,AB 23,AB 50,AB 65,AB 79,AB 83,SB 104,SB 128,AB142,AB 155,AB 178,AB 223,AB 335,AB 361,AB 388,AB 425,AB 430,AB 469,AB 483,AB 611,AB 660,AB 664, - AB 666,AB 692,AB 760,AB 838,AB 849,AB 912,AB 923,AB 943,AB 1000,AB 1001,AB 1020,AB 1048,AB 1093,AB 1125,AB 1126,AB 1128 - ,AB 1139,AB 1178,AB 1197,AB 1214,AB 1227,AB 1312,AB 1440,AB 1562,AB 1563,ABX1 1,ABX1 14,ABX3 23,ABX3 26,ABX3 27,ABX3 2 - 9,ACA 9 ACA 18,ACR 3,ACR 37,AJR 10,SB 3,SB 5,SB 27,SB 96,SB 145,SB 159,SB 186,SB 401,SB 402,SB 505,SB 519,SB 538,SB 789, - SB 810,SBX3 3,SCA 9,SCA12

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**Schedule** F625P2

**Reference No:** 6

SB 373,SB 401,SB 402,SB 445,SB 472,SB 497,SB 503,SB 508,SB 568,SB 594,SB 658,SB 714,SB 810,SCA 6,SCA 9,AB 1,SB 15,AB 15, - AB 26,AB 27,SB 15